SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Shimp (Received) (1)含 (1)(7

Bayliski Co. Zoving Dem 2月022014

Value at Time	☐ Non-Shoreland	⊔ Shoreland —		Section 17	ME1/4, 1	PROJECT LOCATION	Authorized Agent: (Per	Contractor:	からので		TYPE OF PERMIT REQUESTED—> Owner Name:	INSTRUCTIONS: No permit Checks are made payable t DO NOT START CONSTRUC
		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	□ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—	, Township 48 N, Range 4	E 1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Note & Sel	DIWU A	- Nicoletti lan	☐ LAND USE	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
	And a management of the contract of the contra	If yescontinue	River, Stream (incl. Intermittent) Distance Structure is from Shoreline: fee	W Town of:	Lot(s) CSM Vol & Page Lot(s) No. B	PIN: (23 digits) 04-48-2-48-08-17	Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber:	Hon River	A MANA SO	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE	Baylield Co. Zoring Dept.
		.	it .	Lot Size	Block(s) No. Subdivision:		nclude City/State/Zip):			D RIVER OF	∏ SPECIAL USE ☐	Retund:
	,	□ Yes □ Yes	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 4, 3		Recorded Document: (i.e. Property Ownership)	Written Authorization Attached 口 Yes 「天 No	Plumber Phone:	1 5 20 2 C	Cell Phone:	B.O.A. OTHER Telephone:	

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Proposed Construction:	Existing Structure					1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	\$		value at lime of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	⊂ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration (☐ 1-Story + Loft	□ New Construction	Project
	or is relevant to it)	[]	□ Foundation	☐ No Basement	Basement	☐ 2-Story	1	1-Story	# of Stories and/or basement
Length:	Length:						Year Round	□ Seasonal	Use
				None	P	□ 3	□ 2	□ 1	# of bedrooms
Width: Height:	Width: Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	'□ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
			<u> </u>	<u> </u>		<u> </u>	Well	□ City	Water

Proposed Use	۷	Proposed Structure		Dimensions	Square
		Principal Structure (first structure on property)	~	×	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
****		with Loft	_	× }	
Residential Use		with a Porch	(x)	
		with (2 nd) Porch	^	×)	
		with a Deck	(x)	
		with (2 nd) Deck	(X)	
Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	^	x)	
		Mobile Home (manufactured date)	*****	×	
		Addition/Alteration (specify)	(х)	
☐ Wunicipal Use		Accessory Building (specify)	^	×)	
		Accessory Building Addition/Alteration (specify)	_	×	
Rec'd for too was a con-	Season Se			wallow-state of	
100 mm 200 mm		Special Use: (explain)	(x)	
		Conditional Use: (explain)	^	×	•
Van 4 607 1	Ą	Other: (explain) Relocate building (Galace)		(18, x 9)	UPL
D	1794 v			(

Secretarial Staff TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

agnying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge mation I (we) am (are) providing and that it will be relied, from by Beyfield County in determining whether to issue a permit. I (we) further accommation I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have been accommanded with administering county ordinances to have been accommanded. mpany this application) Date iowledge that I (we) ccept liability which have access to the

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach
Copy of Tax Statement
roperty send your Recorded Deed

			3	\ <u>\</u>
Issuance Information (County Use Only) Permit Denied (Date): Permit #: 4-030 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Parcel in Common Ownership Is Structure Non-Conforming Pres (Fused/Contigue Is Pres Ino No	from the fro	Please complete (1) – (7) above (prior to (8) Setbacks: (measured to t Description Setback from the Centerline of Platted Road		
Sanitary Number: Reason for Denial: Permit Date: Permit Date: No Mitiga Reason for Denial: No Mitiga Reaso	Feet Colored Feet	continuing	3	Pro No
# of bedrooms: 4770 9-12-14	Setback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well Setback to Well Setback to Floodplain Setback to Well Setback to Well Setback to Floodplain Setback to Well Setback to Floodplain Setback to Well Setback to Setback must be measured must be measure	Changes in plans must b Description Setback from the Lake (ordinary high	Section of the sectio	age Road) (DF); (*) Holding Tank (HT) (DF); (*) Holding Tank (HT)
Affidavit Required Ses Solo Affidavit Attached Ses Solo Solo Solo Seyed Solo Seyed Solo Seyed Solo Seyed Solo Sessification (3 Creal Lakes Classification (3 Creal Solo Seyed Seyed Solo Seyed Seyed Solo Seyed Solo Seyed Solo Seyed Solo Seyed Seyed Solo Seyed Seyed Seyed Solo Seyed Seyed Seyed Seyed Solo Seyed S	westback must be measured must be visible from the proposed site of the structure, or must be the proposed site of the structure, or must be the proposed site of the structure.	approved by the Planning & Zoning t Weasurement vater mark)	See) and/or (*) Privy (P)
	Feet No Feet For the control of the	[]	Hard & & Will	

Hold For Sanitary.

Hold For Affidavit:

Hold For Fees.